

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: October 28, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

360 degree fusion at L5-S1 with 3 day length of stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate, American Board of Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY:

The patient is a female who on xx/xx/xx sustained an injury to her mid back while moving. The pain was described as burning and without radiation initially.

Diagnostic tests including an MRI revealed only pre-existent degenerative disc disease. There was a 2-3 mm L5-S1 bulge without nerve effacement.

A discogram revealed only discordant pain (non-concordant) pain. An EMG was

negative for radiculopathy. An MMPI revealed evidence of somatization.

Treatment has been medication and physical therapy, which made her pain worse.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The request is for an L5-S1, 360-degree fusion.

The ODG and ACOEM do not support or recommend lumbar fusions for degenerative disc disease. Surgical outcomes for fusions for degenerative disc disease are not any better than those attained with an aggressive rehabilitation program combined with cognitive therapy (ODG Updated 2008). Additionally, rehabilitation does not cause the morbidity associated with a major invasive procedure.

There is no documentation of instability, nerve root compression, or radiculopathy. Diagnostic tests have revealed only pre-existent degenerative disc disease. It must be borne in mind that bulges, annular tears, and protrusions are seen in 10 to 80% of asymptomatic subjects undergoing imaging studies (JBJS, Volume A, Supplement 2, pages 2-24, April 2006). Thus, the L5-S1, 2-3 mm bulge and annular tear are not clinically relevant. An EMG was negative for radiculopathy and a discogram was only discordant. An MMPI found that the patient expressed her depression and anxiety as bodily complaints (somatization). It has been shown that patients with psychosocial problems have poor surgical outcomes (ODG Updated 2008).

Therefore, based upon the above rationale and the peer-reviewed guidelines, the L5-S1, 360-degree fusion is noncertified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL

STANDARDS

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**